

JPW 2122

Amtdt. dated September 3, 2004
Reply to Office action of June 3, 2004

Serial No. 09/932,332
Docket No. TUC920010024US1
Firm No. 0018.0094

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: K.S. Goldsmith et al. Examiner: Chameli Das
Serial No.: 09/932,332 Group Art Unit: 2122
Filed: August 17, 2001 Docket No.: TUC920010024US1
TITLE: METHOD, SYSTEM, AND PROGRAM FOR HANDLING ERRORS
OCCURRING IN FUNCTION CALLS

CERTIFICATE UNDER 37 CFR 1.8:

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner of Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on September 3, 2004.


William K. Konrad

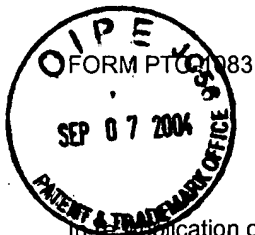
AMENDMENT

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

Amendments to the Claims are reflected in the listing of claims which begins on page 2.

Remarks/Arguments begin on page 14.



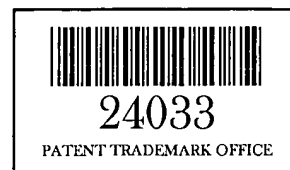
PATENT
TUC920010024US1
0018.0094

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In application of:)
K.S. Goldsmith et al.)
Serial No.: 09/932,332)
Filed: August 17, 2001)
For: METHOD, SYSTEM, AND PROGRAM)
FOR HANDLING ERRORS)
OCCURRING IN FUNCTION CALLS)

Examiner: Chameli Das

Art Unit: 2122



Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith in the above-identified application is an:

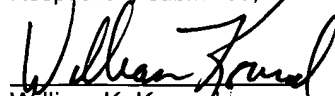
- ☒ Amendment ____ pages.
☐ Petition for Extension of Time.
☐ Transmittal of Formal Drawings and ____ sheets of formal drawings.
☒ Return Postcard.

The fee has been calculated as shown below:

| | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NO PREVIOUSLY PAID FOR | | PRESENT EXTRA RATE | | ADDIT. FEE | OR | RATE | | ADDIT. FEE |
|--|---|-------|--------------------------------------|---|-----------------------|---|---------------|----|-------|--------|---------------|
| TOTAL | 54 | MINUS | 54 | = | 0 | x | \$0 | OR | x 18 | \$ | |
| INDEP CLAIMS | 5 | MINUS | 5 | = | 0 | x | \$0 | OR | x 86 | \$ | |
| ____ FIRST PRESENTATION OF MULTIPLE DEP. CLAIM | | | | | | + | \$0 | OR | + 290 | \$ | |
| | | | | | TOTAL | | \$0 | OR | TOTAL | \$ -0- | |

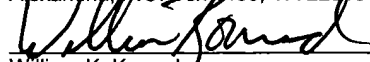
- ____ Please charge Deposit Account No. 09-0449 the amount of \$ ____ to cover the extension fee and also the amount of \$ ____ to cover the claim fee. A duplicate copy of this sheet is enclosed.
____ A check in the amount of \$ ____ to cover the extension fee is enclosed.
____ A check in the amount of \$ ____ to cover the filing fee is enclosed.
____ A check in the amount of \$ ____ to cover the petition fee is enclosed.
☒ The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 09-0449. A duplicate of this sheet is enclosed.
☒ Any filing fees under 37 CFR 1.16 for the presentation of extra claims.
☒ Any patent application processing fees under 37 CFR 1.17.

Respectfully submitted,


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Dated: September 3, 2004

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William K. Konrad

9/3/04
Date